

*****YOU MUST PROVIDE THE FOLLOWING FOR
PRC CONSIDERATION*****

****Your application will be considered incomplete and will not be processed until all items
are returned****

- Completed Yellow PRC application
- Proof of need
- Last 30 days of income for all household members- This includes paid employment, self-employment, unearned income (child support, worker's compensation, unemployment, social security, SSI, etc.)
- If you have started a new job, documentation from the employer needs to verify: Date started, Rate of Pay, Hours per Week, How often paid, and When you will receive your 1st pay
- Must complete household budget sheet (included with application)
- Verification of employment or proof of participation in a work or training program for all eligible adults
- There must be a minor child/children in the home or a pregnant woman
- For Car Repairs, you must provide 3 estimates from a certified car repair garage. PRC will not pay for parts to do repairs yourself. Work has to be guaranteed by a certified mechanic.
- For Shelter Assistance (rent or mortgage), you must provide verification from landlord of need
- For help with Utilities (Electric, Heat, or water), must provide verification from utility company of need and show that a good faith effort has been made to maintain the bill
- Every effort should be made to explore the availability of resources within the local community prior to authorization of PRC (must be listed on application in order to be considered for PRC assistance).

**Union County DJFS has up to 10 days to process your application
from the date the complete application is received by UCDJFS.**

Prevention, Retention, and Contingency (PRC) Program

The Prevention, Retention, and Contingency (PRC) program is not an ongoing financial assistance program. This program is designed to help families overcome immediate barriers to achieving or maintaining employment or prevent the need for applying or receiving other public assistance programs on an ongoing basis. The program is designed to reflect the priorities and needs of the Union County Community.

PRC Services:

- Have no direct monetary value to an individual/family or ongoing income support
- Are non-recurring, short term assistance which is limited to the amount actually required to meet the presenting need

Eligibility Factors:

- Must be a resident of Union County
- Available to those who have not received PRC assistance above the monetary cap in the previous 12 month period. Those who have received PRC in another county may be eligible for PRC in Union County up to the cap amount minus the amount received in the previous county.
- The assistance group must contain at least one minor child or a pregnant woman
- If no minor children in the household, there could be other eligibility after a family at risk assessment is completed and PRC services are recommended by the Union County PCSA unit
- Accessible resources in the excess of \$100.00 must be used first to meet the PRC need
- The assistance group's monthly income must be at or below 200% of FPL (federal poverty guidelines) unless otherwise noted.

**Prevention, Retention and Contingency (PRC) Application including
Stabilization/Kinship Caregiver Program Application**

Union County Human Services
Union County Department of Job and Family Services

Name of Applicant: Are you a parent, kinship caregiver or non-custodial parent? Please list: _____	Address: PO Box:	Case Number Date of Application
Telephone Number: E-mail address:	County of Residency:	Staff ID

Have you ever received any assistance from a Department of Job and Family Services? Yes or No (circle one).	If yes, give the name of the county and the type of assistance received:
Do you have a minor child in your home? Yes or No (circle one).	
Do you need assistance with housing? Check all that apply.	___rent/mortgage ___utilities ___home repair ___other _____ ___security deposit _____
Do you need assistance with getting or keeping a job? Yes or No (circle one).	If yes, please explain: If no, why are you not employed, explain:
Has anyone in your household quit or refused a job in the last 60 days? Yes or No (circle one).	If yes, please give date, reason, and explain:

Are there other types of assistance you are needing?
Yes or No (circle one)

What efforts have been made to obtain assistance from other agencies? (You must provide written verification/documentation). Have you explored assistance from family members, financial institutions, or planned for partial or late payments with creditors?

Are there minor children in the home at risk of neglect or abuse?
Yes or No (circle one).

Are you a kinship caregiver? Do you need child care assistance?
Yes or No (circle one).

Complete the chart below for each person living in your home, including yourself. You will be required to verify all income and accessible resources for all members of your household for the past 30 days.

[illegible]

Stability/Kinship Caregiver Program Application cont.**Stabilization:****Child 1:**

Name of Child	Date of Birth	Income Source
Total income of child:	Compared to AG of 1	200% of FPL:

Child 2:

Name of Child	Date of Birth	Income Source
Total income:	Compared to AG of 1	200% of FPL:

Child 3:

Name of Child	Date of Birth	Income Source
Total income of child:	Compared to AG of 1	200% of FPL:

Child 4:

Name of Child	Date of Birth	Income Source
Total income of child:	Compared to AG of 1	200% of FPL:

List the items and/or services requested and the amount needed for each child.

	Is child care needed?	Item or Service	Amount Needed
Child 1:			
Child 2:			
Child 3:			
Child 4:			
Comments on Needs:			

By my signing below, I affirm that the information or answers provided are complete and accurate. By signing the attached Applicant/Recipient Authorization for Release of Information (JFS 07341), I give UCDJFS permission to verify all information provided on this application.

Signature of Applicant:**Date:**

Monthly Household Budget

This is a budget to help you become aware of what you spend in a months' time, and to assist UCDJFS in identifying whether ongoing expenses can be met for PRC eligibility. Please fill this out based on a monthly time period. Try to be as accurate as possible, so we can better assist you in becoming aware of your expenses and your barriers to paying your monthly bills.

Monthly Household Expenses

Rent/Mortgage \$ _____
Home/Rental Insurance \$ _____
Electric Bill \$ _____
Gas Bill \$ _____
Cable Bill \$ _____
Water/Sewer \$ _____
Trash \$ _____
Internet \$ _____
House Phone \$ _____
Cell Phone \$ _____
Total: \$ _____

Entertainment/Miscellaneous Expenses

Groceries-out of pocket \$ _____
Fast Food/Restaurants \$ _____
Household Goods \$ _____
Diapers/Formula \$ _____
Clothing \$ _____
Child Care \$ _____
School Fees/Lunches \$ _____
Pet Food/Grooming \$ _____
Movies \$ _____
Memberships \$ _____
Sports \$ _____
Magazines \$ _____
Newspapers \$ _____
Books \$ _____
Vacation/Camping \$ _____
Hobbies \$ _____
Tobacco Products \$ _____
Alcoholic Products \$ _____
Lottery Tickets \$ _____
Total: \$ _____

Monthly Transportation Expenses

Car Payment \$ _____
Car Insurance \$ _____
Car Maintenance \$ _____
Gasoline/Rides \$ _____
Total: \$ _____

Monthly Debt Expenses

Credit Card \$ _____
Student Loan Payment \$ _____
Child Support Paid \$ _____
Alimony Paid \$ _____
Rent to Own Expenses \$ _____
Total: \$ _____

Monthly Income

Job #1 (Gross Wages) \$ _____
Job #2 (Gross Wages) \$ _____
Job #3 (Gross Wages) \$ _____
Social Security/SSI \$ _____
Cash Assistance \$ _____
Child/Spousal Support \$ _____
Unemployment \$ _____
Other Income \$ _____
Money from Another Person \$ _____
Total: \$ _____

Total Expenses \$ _____
Total Income \$ _____

Food Assistance \$ _____

Name (Print) _____

Signature _____

Date _____

Ohio Department of Job and Family Services
APPLICANT/RECIPIENT
AUTHORIZATION FOR RELEASE OF
INFORMATION

Office Use Only	
Applicant/Recipient Name	Case Number
Name of CDJFS Representative/Unique Identifier/Date	

I, _____, hereby authorize <u>Social Services/ 3rd Party Verifier</u> to disclose (Name of Individual) (Name of covered entity, such as CDJFS, employer, etc.) the information listed below to <u>Union County Dept. of Human Services</u> for the purpose of determining (Who will receive the information?) eligibility for cash assistance, medical assistance and/or food stamp benefits; or for the following reason(s): <u>PRC</u> eligibility
Information to be released: <u>All information pertaining to eligibility. All information on account status, if applicable to determining eligibility.</u>

By signing below, I understand that:

This authorization shall expire on _____ or until revoked by me in writing, whichever comes first
 (Date or completion of "event"- reason the signed authorization is needed)

I have the right to revoke or cancel this authorization at any time by providing notice in writing to the following address:
940 London Ave Suite 1800 Marysville OH 43040

The revoking or canceling of this authorization does not affect the use or disclosure of information that occurred prior to the date that authorization was canceled.

Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the information. In such a situation, it may no longer be protected by federal or state law.

This authorization is **NOT** for the release or use of protected health information (PHI) - please use the appropriate medical release authorization form.

I am aware of my responsibilities to report completely and fully all facts that bear upon my eligibility for all cash assistance, medical assistance and/or food stamp benefits. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Completion of this form is voluntary, but necessary to determine eligibility for cash assistance, medical assistance and/or food stamp benefits.

Signature of Applicant/Recipient or Authorized Representative	Date	Representative's Legal Authority to Applicant/Recipient (Such as parent, guardian, power of attorney, auth rep, etc.)
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Please reply in the space below, sign and date.

Signature/Title of Person Supplying Information	Telephone Number	Date
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Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State Hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think the action is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to Ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food assistance, you may request a hearing on the amount of your food assistance at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day of your hearing at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When Will the Hearing be Held?

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place that is convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that in your hearing request.

Postponement of the Hearing

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food assistance program, postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

If You Do Not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or receiving copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want to subpoena.

At the Hearing

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail issued by the hearing authority.

Group Hearings

The Bureau of State Hearings may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food assistance, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.

Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's Web site at: www.sos.state.oh.us or call 1-877-767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You must answer **both** of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the **last four digits** of your Social Security number on line 10. If you have neither, please write "None."

Registering by Mail

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application **a copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

1. Are you a U.S. citizen? ☐ Yes ☐ No

2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No

If you answered NO to either of the questions, do not complete this form.

3. Last Name First Name Middle Name or Initial Jr., II, etc.

4. House Number and Street (Enter new address if changed) Apt. or Lot # 5. City or Post Office 6. ZIP Code

7. Additional Rural or Mailing Address (if necessary)

8. County where you live

9. Birthdate (MO-DAY-YR) (required)

10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)

11. Phone No. (voluntary)

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office

County

State

13. CHANGE OF NAME ONLY Former Legal Name

Former Signature

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

14. Your Signature →

Date / /
MO DAY YR

FOR BOARD
USE ONLY
SEC4010 (Rev. 07/08)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.sos.state.oh.us or by calling 1-877-767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

R.C. 3503.19

Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot. For more information on voter identification requirements, please consult the Secretary of State's Web site at: www.sos.state.oh.us or call 1-877-767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.